This form is to be signed off by the Area Safety Officer (ASO) if a COSHH assessment indicates that Health Surveillance is necessary for an individual potentially exposed to hazardous substances. All such individuals must be registered for Health Surveillance with Occupational Health Services within 6 weeks of commencing exposure activities.

Please refer to the OHS website for more information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this registration in accordance with a current valid COSHH assessment? | Yes |  | No |  |

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| --- |
| **Employee Details:** |
| Name: |  | Date of Birth: |  |
| Job Title: |  | Department: |  |
| Email: |  | Contact Number: |  |
| Place of Work: |  |
| Start Date: |  | Leaving Date (if known): |  |

|  |  |
| --- | --- |
| **Hazardous Substance:** (Allergen or Chemical) | **Details of Exposure:** (e.g. frequency, duration and intensity) |
| 1.  |  |
| 2.  |  |
| 3.  |  |

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| **Hazardous Activities:** |
| Working at Heights | **Yes/No** | Lone Working | **Yes/No** |
| Night Work | **Yes/No** | Hot or Cold Work | **Yes/No** |
| Noise at Work | **Yes/No** | Work with Vibrating Equipment | **Yes/No** |
| Driving on University Business | **Yes/No** | Working with Ionising Radiation | **Yes/No** |
| Work in Clinical Areas with direct Patient Contact | **Yes/No** | Travel outside of UK on University Business | **Yes/No** |

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| **Personal Protective Equipment (PPE) or Respiratory Protective Equipment (RPE) Used:** |
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| --- | --- | --- | --- |
| ASO Signature: |  | Date: |  |
| Print Name: |  |

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| Please return this form electronically to enquiries@uohs.ox.ac.uk or by post to:Occupational Health Services, 10 Parks Road, Oxford, OX1 3PD |